MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER =62-001974

193

AMENDED

Registration District No. _149_ Primary Registration District No. _1002_ Registrar's No. _____

FILED JAN 25 1962

1. PLACE OF DEATH

a. COUNTY: Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 40 YEARS

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4126 Paseo — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Missouri b. COUNTY: Jackson

c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS: 4126 Paseo — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print):
- First: ROBERT
- Middle: H. / OWARD
- Last: RICHARDSON

4. DATE OF DEATH — Month, Day, Year: Jan. 9, 1962

5. SEX: Male

6. COLOR OR RACE: Cauc.

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 10/27/79

9. AGE (last birthday): 82 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STORE

10b. KIND OF BUSINESS OR INDUSTRY: FRUIT

11. BIRTHPLACE (City and state or country): MEMPHIS, MISSOURI

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: JAMES ADDISON RICHARDSON

13b. MOTHER'S MAIDEN NAME: NELLIE PAYNE

14. NAME OF HUSBAND OR WIFE: ALMA JANE RICHARDSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Nadine Gardner, Kansas City, Mo. — Address: 4126 Paseo

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Coronary Occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
- DUE TO (b): _____
- DUE TO (c): _____

INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a):

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY — Hour, a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 9:20 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Hugh H. Owens Coroner

22b. ADDRESS: 1452 Union Station

22c. DATE SIGNED: 1-10-62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: JAN. 12, 1962

23c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK CEMETERY

23d. LOCATION (City, town, or county): KANSAS CITY — (State): MISSOURI

24. FUNERAL DIRECTOR: D. W. Newcomer's Sons, Kansas City, Mo. — ADDRESS: 1331 Brush Creek Blvd.

25. DATE RECD. BY LOCAL REG.: 1-12-62

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF Hugh H. Owers

DOCUMENT

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ , Student Embalmer No._____

working under my personal supervision.

Student_____   Signed___*Vern Fowler*_____

Signature of Student Embalmer

Licensed Embalmer No._4915_

P. O. Address_K.C.Mo_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.